

EXHIBIT B

2/28/2014

Corporate Entity Details



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CORPORATE ENTITY DETAILS

Searched for: COSMOPOLITAN TRAVEL & TOURS INC.

ID Num: 364999

Entity Name: COSMOPOLITAN TRAVEL & TOURS INC.

Type of Entity: Domestic Profit Corporation

Resident Agent: NIKOLAI ATANASSOV

Registered Office Address: 5767 W. MAPLE RD STE 100 W. BLOOMFIELD MI 48322

Mailing Address: MI

Formed Under Act Number(s): 284-1972

Incorporation/Qualification Date: 1-24-1996

Jurisdiction of Origin: MICHIGAN

Number of Shares: 10,000

Year of Most Recent Annual Report: 13

Year of Most Recent Annual Report With Officers & Directors: 05

Status: ACTIVE Date: Present

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CS&CL/CD-2500 (01/13)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
PROFIT CORPORATION INFORMATION UPDATE**2013**

Due May 15, 2013

File Online at www.michigan.gov/fileonline

Identification Number 364999	Corporation name COSMOPOLITAN TRAVEL & TOURS INC.	
Resident agent name and mailing address of the registered office NIKOLAI ATANASSOV 5767 W. MAPLE RD STE 100 W. BLOOMFIELD MI 48322		For Bureau use only Fee Received <input type="checkbox"/> \$25 before May 16 <input type="checkbox"/> \$35 (May 16 - 31) <input type="checkbox"/> \$45 (June 1 - 30) <input type="checkbox"/> \$55 (July 1 - 31) <input type="checkbox"/> \$65 (Aug 1 - 31) <input type="checkbox"/> \$75 after August 31
The address of the registered office 5767 W. MAPLE RD STE 100 W. BLOOMFIELD MI 48322		



To certify there are no changes from your previous filing check this box and proceed to Item 6. If the resident agent and/or registered office has changed complete Items 1-6. If only officer and director information has changed complete Items 4-6.

1. Mailing address of registered office in Michigan (may be a P.O. Box)	2. Resident Agent
3. The address of the registered office in Michigan (a P.O. Box may not be designated as the address of the registered office)	
4. Describe the general nature and kind of business in which the corporation is engaged:	

5.	NAME	BUSINESS OR RESIDENCE ADDRESS
If different than President	President (Required)	
	Secretary (Required)	
	Treasurer (Required)	
	Vice - President	
If different than Officers	Director	
	Director	
	Director	
6. Signature of authorized officer or agent		Title <i>President</i> Date <i>5-8-2013</i> Phone (Optional) <i>248 443 2375</i>

Filing fee \$25**Report due May 15, 2013.**

If received after May 15, penalty fees will be assessed.

Please make your check or money order payable to the State of Michigan.
Include payment with completed report in the same envelope.
Return to:Department of Licensing and Regulatory Affairs
Corporations, Securities, & Commercial Licensing Bureau
Corporation Division
P.O. Box 30481
Lansing, MI 48909
(517) 241-6470OR File online at www.michigan.gov/fileonline

If more space is needed additional pages may be included. Do not staple any items to report. This report is required by Section 911, Act 284, Public Acts of 1972, as amended.